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ABSTRACT

This paper examines the possibility that children eligible for services as infants and toddlers under Part H of the Individuals with Disabilities Education Act (IDEA) are not eligible at age 3 under Part B (preschool special education). The analysis compared Part H and Part B eligibility policies as well as the eligibility policies of the 50 states and the District of Columbia. The analysis found that states fell into 3 groups: Group 1 (14 states), in which all children eligible under Part H would remain eligible under Part B; Group 2 (10 states) in which Part H eligible children would probably continue to be eligible for service under Part B; and Group 3 (27 states) in which the differences in eligibility criteria suggest that not all children would continue to be eligible for services. Policies of Group 3 states suggest one or more of the following areas of concern: (1) the inclusion of at-risk children in the infant/toddler program but not in the preschool program; (2) preschool criteria requiring a higher level of delay or disability than the infant/toddler program; (3) the use of professional judgment as the sole criterion for infant/toddler eligibility, whereas quantitative criteria are required for preschool eligibility; (4) incompatibility of measurement types used in the two programs; and (5) the omission of some of the Part B disability categories for preschoolers. (DB)

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Carolina Institute for Child and Family Policy

COMPARISON OF INFANT/TODDLER AND PRESCHOOL ELIGIBILITY POLICIES

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EXECUTIVE SUMMARY

The purpose of this paper is to address the three early concerns expressed by parents, professionals and policy makers about continuity of eligibility as children move from early intervention for infants and toddlers (Part H of IDEA) to preschool special education (Part B of IDEA). These concerns are: (a) inclusion of "at-risk" children in the infant/toddler program; (b) possible differences in the use of a categorical versus a noncategorical approach to eligibility determination; and (c) differences in the level of delay required for the two programs. Each of these concerns focuses on the possibility that children eligible for services as infants and toddlers will no longer be eligible when they turn 3, because different requirements in the law can result in different eligibility policies for the two age groups.

In examining this possibility of discontinuity, three questions were used to guide the analysis: (a) Does discontinuity exist between the two policies? (b) What is the nature of the discontinuity? (c) What types of children are most likely to be affected by the discontinuity? Each of these questions was applied to the Part H and Part B eligibility policies of each of the 50 states and the District of Columbia.

This analysis revealed that states fell into one of three groups: Group 1, states in which all children eligible under Part H would remain eligible under Part B (n=14); Group 2, states in which Part H eligible children would probably continue to be eligible for service under Part B (n=10); and Group 3, states in which the differences in Part H and Part B eligibility criteria caused some degree of concern and doubt that all children eligible under Part H would be eligible under Part B (n=27).

States placed in Group 3 have one or more of the five areas of concern identified by this study. These areas of concern are:

1. the inclusion of at -risk children in the infant/toddler program but not in the preschool program;

2. preschool criteria requiring a higher level of delay or disability to determine eligibility than the criteria used in the infant/toddler program;
3. the use of professional judgment as the sole criterion for infant/toddler eligibility, whereas the preschool policy uses only categories or quantitative delay criteria only;
4. the incompatibility of the different measurement types used in the infant/toddler and preschool policies (i.e., psychometric concerns); and
5. the omission of some of the Part B disability categories for preschoolers, either overtly or by using only quantitative criteria in preschool policies thereby effectively eliminating some disabilities that are difficult to document using "scores." Eleven of the states had only one of these discontinuity factors, while 13 states had two factors, and 3 states had three factors.

Although identifying potential areas of discontinuity is important, this study reveals that each of the eligibility components has interactive effects and cannot be examined independently of the other components. Each policy element must be addressed in the context of the other elements, rather than simply being compared to its corresponding element in the other program's policy.

BACKGROUND

When Congress enacted P.L. 99-457 (Education of All Handicapped Children Act, Amendments of 1986), it set up separate service system requirements for infants and toddlers (i.e., birth through 2 years old) and preschoolers (i.e., 3 through 5 years old). Since the passage of P.L. 99-457, Congress enacted P.L. 102-119, which renamed the previous legislation as the Individuals With Disabilities Education Act (IDEA). The requirements for infants and toddlers are contained in Part H of IDEA; the preschool program requirements are contained in Part B of IDEA. As a result of this "seam" at age three and the differences in the manner in which eligibility is addressed for these two age groups, concerns have been raised as to whether or not the same children will be eligible.

The separation of services for children from birth through 5 years old into two programs created the anticipation by many individuals that early intervention for infants and toddlers (Part H of IDEA) would become a broad preventive program, whereas preschool services (Part B of IDEA) would remain a program for children with traditional disability labels. Further, while policies for the infant/toddler program were being developed in all states, 28 states were also developing and implementing a new preschool special education entitlement . Many of these states formerly had operated only limited programs through the Department of Education, with some providing limited services to children with the most severely disabling conditions. Many professionals and advocates considered it unlikely that these states, faced with the mandated expansion of their preschool programs, would adopt liberal preschool eligibility policies, due to the uphill battle they faced with their state legislatures in acquiring the funds needed for an entitlement at the preschool level. Finally, some

special education advocates warned of diluting the hard-won resources targeted for children with disabilities by including mildly delayed or at-risk children.

While many aspects of P.L. 99-457 have received high praise, many parents, professionals and policy makers have been concerned from the outset about continuity in eligibility as children move from early intervention for infants and toddlers (Part H of IDEA) to preschool special education and related services (Part B of IDEA). These early concerns focused on three areas: (a) inclusion of at-risk children in the infant/toddler program; (b) possible differences in the use of a categorical versus a noncategorical approach to eligibility determination; and (c) differences in the level of delay required for eligibility by the two programs.

First, Part H of IDEA allows states, if they so choose, to include children who are at risk for developmental delay, but Part B of IDEA does not give states this option. Therefore, many individuals have been concerned about whether at-risk children who are served under Part H of IDEA would continue to receive services when they reached 3 years of age. In the initial policy development phase of Part H of IDEA, as many as 27 states indicated their intent to serve at-risk children (Harbin, Gallagher, & Terry, 1991). However, as states moved toward policy approval, that number decreased significantly. Currently, 12 states include some portion of the at-risk population in their infant/toddler eligibility policy. State eligibility policies range from those with a narrow focus, including only the children of developmentally disabled parents in one state, to policies that include as many as 30 risk factors, any one of which can be used to determine eligibility. Other states use a multiple risk model, which recognizes the cumulative impact of multiple biological and environmental factors, and thus, requires the presence of more than one risk factor to determine eligibility.

New proposed regulations emanating from the reauthorization of Part H in P.L. 102-119 address the inclusion of at-risk children in an additional way. The *proposed rules* require states to consider the cumulative impact of multiple risk factors by suggesting that the presence of a critical mass of risk factors constitutes a "high probability" of developmental delay. Just as children with diagnosed mental and physical conditions associated with developmental delay are eligible, those for whom multiple risk factors can be documented would also be eligible for Part H under the *proposed rules*. Thus, the potential inclusion of at-risk children as part of the "high probability conditions" group in more states may increase discontinuity in these states as well.

Second, approximately 30% of the states use a categorical approach to the identification of preschool children with disabilities. Many professionals have questioned whether or not this categorical approach to determining eligibility will identify the same children who were identified as infants and toddlers in a program that used a more noncategorical approach to determining eligibility. Recently, as a result of testimony before the oversight committees in both the United States House and Senate, Congress amended Part B of IDEA allowing those states currently using a categorical approach to add and utilize an additional category for determining the eligibility of preschool children. States may now use a "developmental delay" category in addition to the other disability categories included in Part B of IDEA (e.g., mentally retarded, learning disabled). It is possible that the use of this new category will reduce concerns related to continuity of eligibility. However, at the time of this study, state policy makers in those states using a strictly categorical approach had not yet revised their eligibility policies to include this new category.

The third area of concern relates to the degree of delay required for eligibility. Some states have included for the determination of eligibility some quantitative

criteria, such as a score of 1.5 or 2.0 standard deviations below the mean as measured by a norm referenced assessment device. Since the eligibility policy for infants and toddlers is often developed separately from the eligibility policy for preschool children, it is possible that the quantitative level of impairment or delay needed for eligibility will differ for the two programs. Many individuals were specifically concerned that the quantitative level of delay required for eligibility for preschool special education and related services would be greater than that required for early intervention. This situation would result in some children who were eligible for early intervention not meeting the eligibility criteria for preschool services, and thus, being denied needed services.

The three major areas of concern related to the different eligibility requirements and resulting policies for the two programs (i.e., early intervention and preschool) all focus, in one way or another, on the possibility that some children who receive services as infants and toddlers will be ineligible for services when they reach 3 years of age. Therefore, the purpose of this study is to address these concerns by comparing the eligibility policies for infants and toddlers with the eligibility policies for preschool children in each state. The following three questions guided our analysis:

1. Does discontinuity exist between the two policies?
2. What is the nature of the discontinuity?
3. What types of children are most likely to be affected by the discontinuity?

The remainder of this report includes a description of the methods used to compare the two eligibility policies in each state, a delineation and discussion of the major findings, and the implications and conclusions reached.

METHODOLOGY

This analysis compares the state eligibility policies for the infant/toddler and the preschool programs, to determine the amount of continuity or discontinuity in the eligibility criteria for these two important programs. This section describes the process for gathering the policy documents and discusses the policy analysis procedures and the process for establishing reliability.

Eligibility policies were obtained from the 50 states and the District of Columbia through periodic solicitation from state Part H and preschool (619) Coordinators. To ensure that the most recent policies were included in the policy comparison, the infant/toddler policies in the Carolina Policy Studies Program (CPSP) database were compared to those contained in the Part H Applications for each state; the preschool policies in the CPSP database were compared to information obtained from a recent NEC*TAS (1992) survey of changes made by states in eligibility policies since the initial data collection in 1990. This data collection process resulted in a database of policies as of April 1992.

The policy analysis procedures consisted of several steps. First, infant/toddler and preschool policies were analyzed separately, delineating the specific aspects of each policy. In this step, the level of delay, the use of professional judgment, the disability categories and the inclusion of risk factors were categorized for each policy. The second step consisted of a preliminary review and analysis of the two sets of eligibility policies (i.e., infant/toddler and preschool) in order to create an analysis matrix containing possible areas of discontinuity between the two types of eligibility policies. An area of discontinuity was defined for the purposes of this study as an instance in which some children who would be identified as eligible for the infant/toddler program might not be identified as eligible for the preschool program.

This preliminary analysis revealed five possible areas of discontinuity:

1. The infant/toddler policy includes children at risk of developmental delay who will not be identified by the preschool policy.
2. The infant/toddler policy includes the use of professional judgment only, whereas the preschool policy includes the use of categories or quantitative delay criteria only.
3. The preschool policy requires that the child must have a greater degree of impairment or delay than those children eligible under the infant/toddler policy.
4. The infant/toddler policy and the preschool policy stipulate different types of measurement (e.g., use of percent in one policy , but standard deviation in the other policy), creating a concern about psychometric equivalency.
5. The preschool policy uses criteria that explicitly or implicitly omit some categories (e.g., learning disabilities), without providing another means for identifying those children who might have been identified by the infant/toddler program.

The third step was an actual state-by-state comparison of the infant/toddler and preschool eligibility policies. The eligibility criteria were examined to determine any areas of discontinuity, and the degree to which these areas indicated a cause for concern in each state.

Reliability was addressed in two ways. Comparison of the policies was first conducted separately by three raters. The raters then compared their analyses, and where there were disagreements, these policies were discussed until the three raters came to consensus. Next, these state-by- state analyses were conducted several times

to check for consistency of analysis both within and across states, as well as across time.

A copy of the matrix used for the eligibility policy document analysis appears in Figure 1.

RESULTS

Amount of Discontinuity

The comparison of states' eligibility policies for infants/toddlers and preschool children placed states into one of three groups. In the first group of states (n=14), all children served under the infant/toddler program would be eligible for preschool special education services. In the second group (n=10 states), Part H eligible children in the infant/toddler program would probably be eligible for preschool special education services. The third and largest group of states (n=27) presented eligibility criteria revealing some degree of concern and doubt as to whether or not all children served in the infant/toddler program would be eligible for services as preschool children (see Figure 2). The characteristics and issues of each group follow.

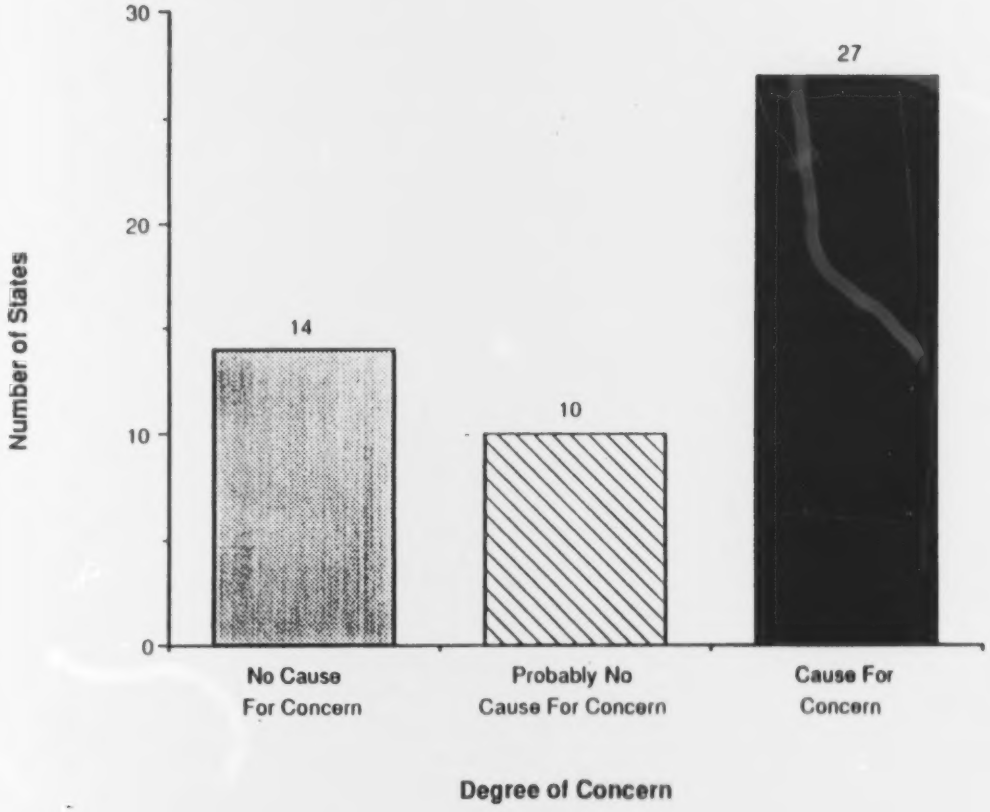
Group 1. Fourteen states' eligibility policies all but guarantee that a child served under Part H of IDEA will be eligible for preschool special education and related services. Although few states have adopted a single or joint (seamless) birth through five eligibility policy to guide both programs, a number of other factors account for the apparent continuity between the two eligibility policies in the remaining states. In eight states the quantitative criteria (e.g., standard deviations, percentage of delay) for the infant/ toddler program were judged to be more stringent than for the preschool program, requiring as much as a 50% delay in development to be documented in order for children to be eligible for early intervention. The children who are served in

Figure 1: Part H—Part B Eligibility Policy Continuity Analysis Matrix

State	Part H Includes At Risk	Continuity Rating	Part H Uses Professional Judgment Only	Part B Level of Delay Higher	Psychometric Concern	Measurement options in Part B do not cover ommitted categories
W		+				
X		/				
Y		—	X	X		
Z	X	—			X	X

\+ = No Cause For Concern
/ = Probably No Cause For Concern
— = Cause For Concern

Figure 2: Degree of Concern Related to Continuity in Eligibility Policy



the infant/toddler program in these states will undoubtedly be eligible for preschool services, even if there is improvement in their developmental status as a result of intervention. Another factor contributing to the continuity in eligibility in five states was the inclusion of a variety of quantitative and qualitative criteria for determining eligibility for preschool services and a relative lack of such options for determining eligibility for infants and toddlers in those same states. The preschool policy contained more flexibility for determining eligibility than the infant/toddler policy, which suggests that children served in early intervention would meet at least one of the preschool eligibility criteria. Two states employed the use of professional judgment in determining eligibility for both the infant/toddler and preschool programs, attributing to continuity of eligibility. It is interesting to note that in this group of 14 states, the preschool policies appear more flexible and perhaps more sound than the infant/ toddler eligibility policies.

Group 2. The 10 states for which continued eligibility for children served under the infant/ toddler program appears highly likely but not necessarily assured, were grouped in this category based on several factors. In some states (n=3) the quantitative scores used for eligibility in the infant/toddler program and those used for a noncategorical preschool-specific eligibility category were the same (e.g., 2.0 standard deviations below the mean). In other states, the use of a combination of a noncategorical preschool-specific disability category and the use of all or some of the Part B disability categories to determine eligibility for preschool was another factor. This suggested that some infants and toddlers who might not meet the quantitative criteria for the preschool-specific disability category (e.g., 2.0 standard deviations below the mean in two areas) might in fact meet criteria imbedded in one of the Part B disability categories (e.g., orthopedically disabled), which included professional diagnosis of a disability as the means for determining eligibility. If multiple eligibility

options were present within the preschool eligibility policy, it was judged that continued eligibility was highly likely.

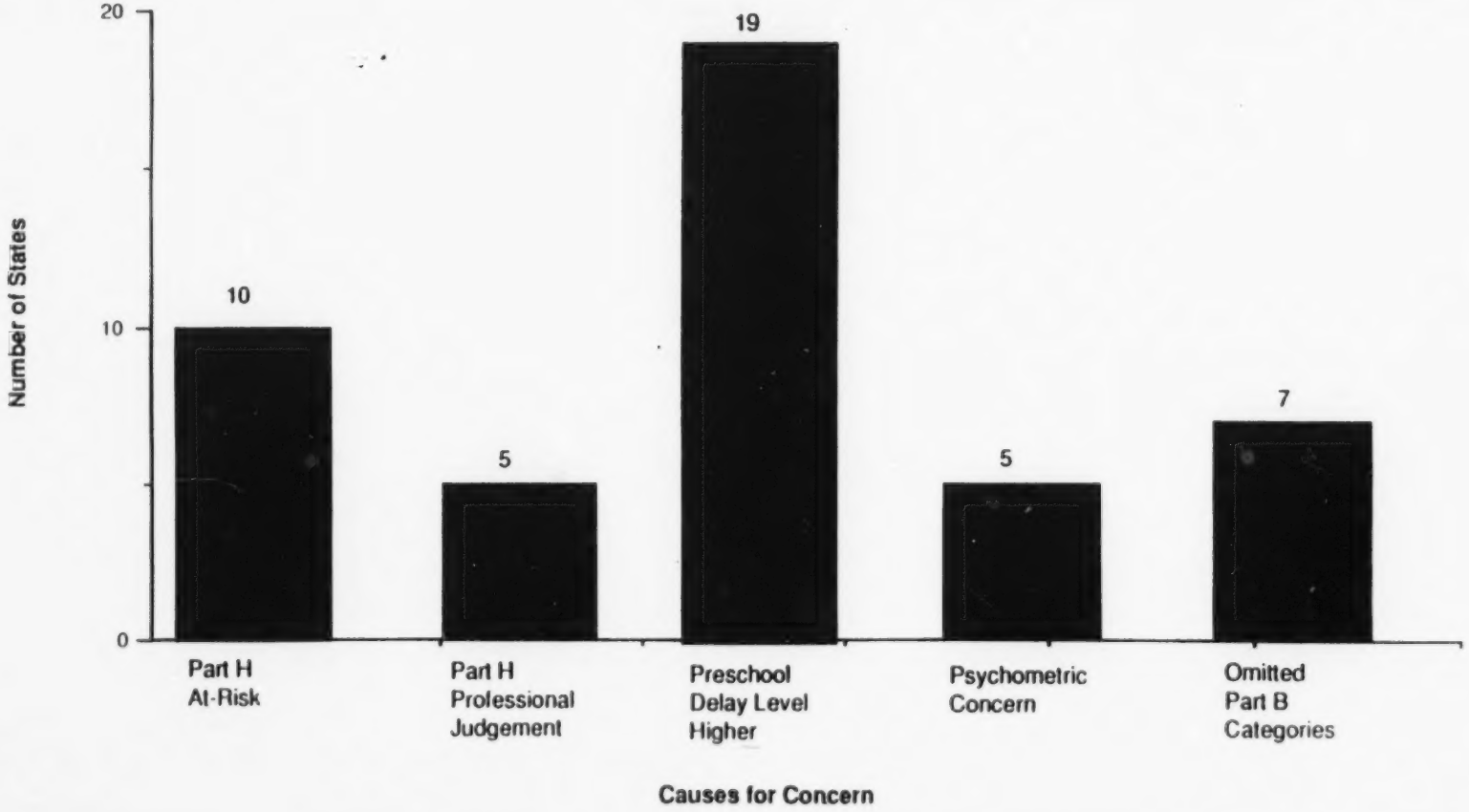
Group 3. Twenty-seven states' eligibility policies pose concern for continuity of eligibility for children moving from the infant/toddler program to the preschool program. Only 11 of these states were judged to have policies that suggested discontinuity in eligibility based on one factor alone. In the remaining 16 states, children in early intervention might be ineligible for preschool services for multiple reasons. Prior to the conduct of this study there were primarily three concerns identified with respect to the possible discontinuity in eligibility policies; the analysis conducted by this current study revealed five areas of concern. These concerns include: the inclusion of at-risk children in the infant/toddler program; preschool criteria containing a higher level of delay or disability needed to determine eligibility than the criteria utilized in the infant/toddler program; the use of professional judgment as the sole criterion for infant/toddler eligibility, thus presenting the possibility that children with more mild disabilities would not be eligible for preschool services; the incompatibility of measurement types (i.e., psychometric concerns); and the omission of some of the Part B disability categories for preschoolers, either overtly or by the use of quantitative criteria only, in preschool policies that effectively eliminate some disabilities that are difficult to document using "scores." These disabilities might include social or emotional delays, attention-deficit disorder, or atypical development.

Five Causes for Concern in Continuity

Each of these causes for concern related to eligibility continuity is discussed below. The frequency of each cause for concern is depicted in Figure 3.

Inclusion of at-risk. Ten states' policies may create discontinuity due to the fact that their eligibility criteria for infants and toddlers include children at risk for developmental delay. These children are not included in the Part B of IDEA

Figure 3: Causes for Concern in Continuity of Eligibility



Note: Numbers total more than 27 because some states had more than one cause for concern

entitlement. Therefore, children who were judged as at-risk infants and toddlers would be eligible for preschool special education services only if they were sufficiently delayed or disabled. But it should be noted that 9 of these 10 states present concerns for continuity of eligibility for other reasons as well. Two additional states include in their eligibility criteria risk populations that are either very limited or require the presence of a mild delay in addition to specific risk factors. As a result of examining all aspects of the eligibility policies in these two states, the inclusion of children at risk as an important contributor to eligibility discontinuity was not deemed as very likely, given the flexibility of the preschool eligibility policies.

Level of delay. It was expected that in terms of quantitative criteria included in the preschool policy, one factor creating discontinuity in the eligibility policies of the two programs would be a level of delay higher than the level of delay in the infant/toddler policy. Findings based on this analysis indicate that this was the case in 19 states. Children may have to demonstrate a greater degree of delay to be eligible for preschool services than for early intervention. The differences between the two sets of quantitative criteria ranged from a 5% to 50% delay and from .5 standard deviation to .7 standard deviation below the mean greater for the preschool program than for the infant/toddler program. The differences, therefore, may affect a very small number of children in some states or larger numbers of children in others. In 6 of the 19 states, level of delay was the only factor contributing to discontinuity. In 6 more, the level of delay and the inclusion of risk were the factors contributing to discontinuity, suggesting perhaps that infant/toddler policy developers had envisioned that program as a broad preventive effort. In 4 more states, the level of delay was one of two or three different factors affecting discontinuity. While discontinuity for the purposes of this study dealt only with Part B eligibility at age three, eligibility for other programs

such as Head Start may mitigate the impact of the inclusion of at-risk in Part H as a cause for concern

Professional judgment. A third factor considered as a potential cause of discontinuity is the use of professional judgment as the sole criterion for determining eligibility for the infant/toddler program, coupled with a preschool eligibility policy that contains only quantitative criteria to be used in determining eligibility. In the instance of exclusive use of professional judgment for infant/toddler eligibility decisions, professionals are given the latitude to use a variety of sources of information to determine whether or not a child is eligible for services. The level of delay is also left to the judgment of the professional. This type of eligibility policy presumes a highly qualified cadre of professionals experienced in the developmental and health assessment of a variety of conditions that could make a child eligible for these services.

The challenges of implementing this type of policy notwithstanding, it differs markedly from the preschool policy that requires that every child's delay must be documented through the administration of a test. This difference in policy creates a situation in which a number of children served in the infant/toddler program are likely to be deemed ineligible for preschool services. Of the five states for which this concern applies, two states had other factors for which there was concern regarding discontinuity as well. Both of these states also serve some at-risk children and, in addition, one state has a stringent eligibility policy for special education and related services.

Psychometric concerns. In five states, the use of different types of quantitative measures (e.g., percentage of delay versus standard deviations) between the two programs may contribute to discontinuity. Current tests do not contain procedures for translating a score that was derived from one scoring procedure (i.e.,

standard deviation) into another type of score (i.e., percentage of delay). Therefore, there is no current means of determining equivalency between two different psychometric approaches. There is also an additional concern regarding the appropriateness of how percentage of delay is computed. Developmental status expressed as a percentage of delay is established by subtracting developmental age from chronological age. The difference between these two ages, divided by chronological age, yields the percentage of delay. Developmental age may be derived from certain standardized instruments to arrive at delay expressed as a percentage. However, in practice, it is more likely to be determined inappropriately by any number of criterion-referenced "developmental milestones" checklists. These checklists, which may only provide average ages of attainment of certain skills, may not carefully portray the range of ages for which development of a particular skill is "normal." Professionals may use these instruments inappropriately; that is, a criterion referenced instrument may be used in a norm referenced manner. Thus, the inference of equivalence between percentage of delay and standard deviations is even more suspect. In only one of these five states, however, was the inability to accurately translate percentage of delay to a standard deviation-based criterion the only potential cause of discontinuity of eligibility.

Omission of categories. The preliminary analysis of the states' eligibility policies yielded a fifth, and unexpected area of concern regarding the lack of continuity of eligibility from infant/toddler to preschool. Eleven states use a noncategorical disability category that is only to be used in determining the eligibility of preschool children (e.g., "preschool handicapped"), while also retaining some, but not all, of the IDEA Part B disability categories. Presumably, the intent of these states was to prevent misdiagnosis in, or the stigmatizing effects of, some categories (e.g., mental retardation, communication disorders, learning disabilities, emotional disorders) for

very young children. Upon close examination of the criteria that states are using for their noncategorical preschool-specific categories, it appeared that children with certain types of disabilities served in the infant/toddler program might not be eligible for preschool services because certain Part B categorical criteria were excluded, and not all of these children were likely to be identified with the use of quantitative criteria (e.g., 2.0 standard deviations below the mean) included in these preschool policies. This was a factor potentially affecting continuity in eligibility in seven states.

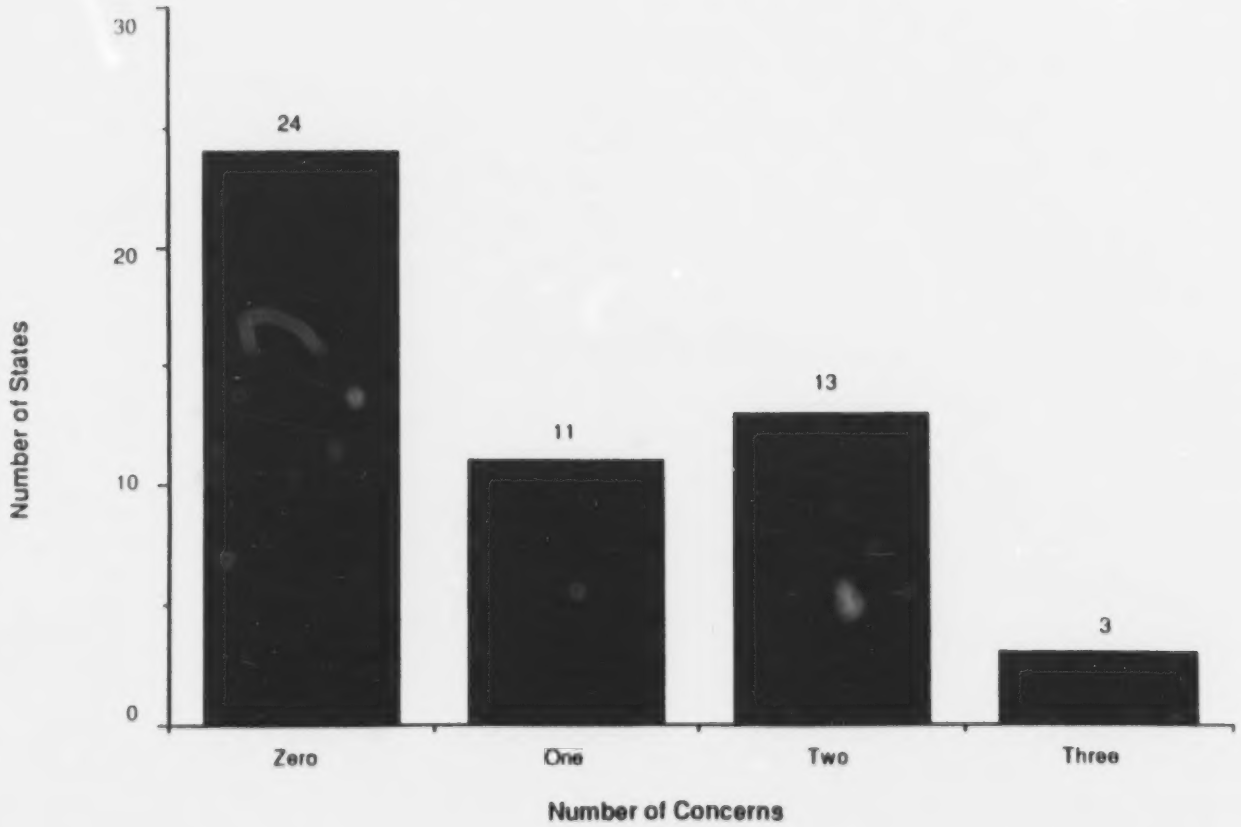
Range of Concerns

As can be seen from the previous findings, states' policies vary in both the number and amount of identified concerns (see Figure 4). Of the 27 states' policies in which discontinuity is likely to occur, 11 of these policies contained a single area of concern, 13 policies contained two areas of concern, and 3 policies contained three areas of concern. The potential impact of individual factors also varied. The threat to continuity of eligibility ranged from minor (e.g., differences of 5% delay or .5 standard deviations between the two programs) to major (professional judgment or broad at-risk criteria used for infants and toddlers to limited categorical criteria or only quantitative criteria used for preschoolers). Thus, there may be a very small number of children affected in some states by the differences in eligibility policies across the two programs, or more substantial numbers may be affected in other states.

Interactive Effects of Policy Elements

States' eligibility policies for both the infant/toddler and preschool programs contained various policy elements. The elements that were examined in this analysis were: the inclusion of children at risk in the infant/toddler program; the specific disability categories included in those preschool eligibility policies using Part B categories; the use of professional judgment exclusively, in conjunction with, or in lieu of other eligibility criteria; and the type and level of quantitative criteria selected to

Figure 4: Number of Concerns in Eligibility Policy Continuity



designate amount of delay. Both the interactive and compensatory effects of these policy elements on determining the level or type of concern was a major finding of the study. The process of analysis revealed that single elements could not be examined separately, because to do so would result in an inaccurate finding. What was required was the analysis of all elements of the two policies, examining the effects of the various elements on one another. As previously stated, in two states that included some portion of the at-risk population in their infant/toddler policies, their preschool policies offered such flexibility that discontinuity of eligibility was considered only a remote possibility. There were instances where the same elements of the two policies, quantitative criteria, for example, presented a potential cause for discontinuity. However, another element of the eligibility policy, such as the use of either professional judgment or the IDEA Part B disability categories, appeared to mitigate the potential detrimental effect of the discrepant quantitative criteria. Thus, each policy element needed to be assessed in the context of all other elements, rather than simply compared to its corresponding element in the other program's policy. The designation of a preschool-specific disability category, such as developmentally delayed or preschool handicapped, did not necessarily guarantee continuity, even if the quantitative criteria matched that of the infant/toddler program. Several examples follow that illustrate the interaction of the policy elements.

Example 1. A child born with Down Syndrome in state X is eligible for the Infant/Toddler program because of that diagnosis. In this state the preschool eligibility policy contains the IDEA Part B disability categories and a preschool developmentally delayed category. The developmentally delayed element of the preschool eligibility policy requires a child to demonstrate a deficit of 2.0 standard deviations below the mean to be eligible. Because of early intervention, she is developing at a near normal rate at age 3 and thus, does not qualify according to the developmentally delayed part

of the eligibility policy. However, preschool policy also contains the Part B disability categories. Because of a provision for determination of eligibility based on a diagnosed condition associated with mental retardation in that IDEA Part B disability category, this child remains eligible for services.

Example 2. A 3-year-old in state Y has "atypical" development. He has been receiving early intervention since he was referred for services to deal with feeding disorders, a lack of social responsiveness and general fussiness. The preschool policy in state Y includes a developmental delay criteria of 2.0 standard deviations below the mean in one developmental area or 1.5 standard deviations below the mean in 2 areas in order to be eligible for services. In addition, state Y also identifies preschool children as eligible if they meet the criteria for sensory impairments or physical impairments that are IDEA Part B categories. By limiting developmental delay to quantitative criteria and eliminating some Part B categories (in this case, Emotional Disturbance, among others), this state is limiting access to services for a child who needs them.

Example 3. The preschool eligibility policy in state Z includes two options for eligibility: a preschool handicapped or developmental delay category requiring deficits of 1.5 standard deviations in two or more developmental areas; and professional judgment documenting the need for services in cases wherein scores cannot be obtained. A 3-year-old, having been served in early intervention since infancy because of hypotonicity, now has age-appropriate locomotor skills but appears awkward performing manipulative tasks such as stacking blocks, rolling clay, or drawing with crayons. Although not meeting the criteria for delays in two developmental areas, he is determined to be eligible for preschool special education by the multidisciplinary team, who are aware of his history and observant of a

continuing motoric delay. In their collective professional judgment, he is a disabled child and would benefit from special education and related services.

In the absence of equivalent policy elements in both infant/toddler and preschool programs (i.e., professional judgment in both policies, equivalent quantitative requirements in both policies), the more flexibility that exists in the preschool program, the more likely it is that children served in early intervention will be eligible for early childhood special education and related services. There are many good reasons for using a noncategorical preschool-specific eligibility category such as developmental delay. However, by using only rigid quantitative criteria and excluding opportunities to include children through professional judgment or diagnosis of a disabling condition through the use of the IDEA Part B disability categories, states may cause more harm than they prevent by restricting access to services.

CONCLUSIONS AND RECOMMENDATIONS

Parents, professionals and policy makers have repeatedly expressed concerns about continuity in eligibility policy between Part H of IDEA and Part B of IDEA. These concerns have focused on three major areas: (a) the continued service provision to children identified as at risk; (b) the ability of the categorical approach to identify those same children identified with a noncategorical developmental delay; and (c) the possibility that the quantitative criteria set to determine eligibility might be higher for preschool special education and related services than for early intervention, thus restricting or reducing the number of preschool children who are potentially eligible.

Results of this policy comparison of the two eligibility policies in each state indicate that the first and the third concerns listed above are justified in some states, but not in all states. However, the second concern, that of equivalency of the children identified by two different approaches (categorical and noncategorical), appears from this analysis to be a simplistic view of the problem of continuity. Results indicated that it was not the approach per se, but the specifics contained in the approach that could cause concerns for probable continuity in eligibility.

The findings indicated that in nearly half of the states there was either "absolutely" no cause for concern or "probably" no cause for concern that children identified as eligible for the infant/toddler program would be ineligible for preschool special education and related services. Perhaps in these states the early concerns regarding the very possibility of the lack of continuity influenced policy makers of the two programs to develop more compatible policies.

With regard to the first concern cited above, there was one state for which the only cause for concern as a result of this policy analysis was the fact that this state had elected to include at risk infants and toddlers in its early intervention eligibility policy.

The policies of the other states serving at risk infants and toddlers presented additional concerns regarding their being eligible for preschool services. There are several policy options that states could consider in order to ensure that at risk children who received early intervention services would continue to receive services when they turn 3 years of age. For example, state policy makers could develop an *interagency* system of services for preschool children with disabilities and children at risk of developing disabilities. At -risk children would then be referred to another program or programs, such as Head Start, that would most adequately address their risk status needs. In another policy option, at- risk children who were served in early intervention would automatically be eligible for the state's program for 3- and 4-year-old children at risk for school failure. In most instances, these programs are administered through the State Department of Education. In these two policy options as well as others, the state develops specific policies to *ensure* continued service provision to children with biological and/or environmental risk conditions, who were served in the infant/toddler program. A related issue for policy makers is the duration of "risk-ness," whether or not a child should remain at risk without demonstratable disabilities beyond age 3 or 5 (Gallagher, 1989).

In 27 states there is a variety of concerns related to the amount of continuity between the two eligibility policies. In these states, policy makers for both programs need to re-examine their eligibility policies considering *all* elements of these policies. It is simply not enough to examine the quantitative delay criteria (e.g., 1.5 standard deviations for Part H and 2.0 standard deviations for preschool). The use and role of professional judgment in eligibility decisions for both programs as well as the use of Part B disability categories for preschoolers must also be examined. Policy makers in these 27 states might profit from reviewing the framework for sound eligibility policy

developed by Harbin et al. (1991). Problems in discontinuity would be greatly reduced if both the infant/toddler and preschool policies were based upon this framework.

Finally, it should be noted that this policy analysis addresses only written policies, and not the implementation of these policies. Analysis of the results of the actual implementation of these policies and their effect upon determining which children are judged eligible for services will be another test regarding the amount of continuity between the eligibility policies for the two programs. It was not the purpose of this study or this paper to address who *should* be eligible. Consequently, there were several states that had such restrictive early intervention eligibility criteria that clearly all children eligible for the infant/toddler program would certainly be eligible for preschool special education and related services. For the purposes of this study there was no cause for concern about continued eligibility of infants and toddlers in these states. However, if the quality of some of these infant/toddler policies had been addressed, many would have fallen short of adequacy.

It seems likely that eligibility policy for infants, toddlers, and preschool children with delays and disabilities will continue to evolve over the next few years. Some states are currently in the process of revising existing eligibility policy. It is important that policy makers from both programs, in collaboration with individuals who are knowledgeable about sound eligibility policy, work together to develop sound policies that also reduce the lack of continuity between the two programs. The development of what may be termed "seamless" eligibility and service policies seems an achievable goal in light of recent progress in federal policy developments. With the inclusion of the new category of Developmental Delay, the provisions in P.L. 102-119 encourage more similar policies across the infant/toddler and preschool programs. Another positive sign is the interagency agreement recently signed by the Secretaries of Health and

Human Services and Education that affects child identification activities in programs across eight agencies.

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